

# MICHIGAN DEPARTMENT OF EDUCATION

## SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [MarshH@michigan.gov](mailto:MarshH@michigan.gov).

### CHECK THE APPROPRIATE BOX:

<input checked="" type="checkbox"/> For Profit Company	<input type="checkbox"/> Local School District	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Public School Academy	<input type="checkbox"/> Private School
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Intermediate School District	<input type="checkbox"/> Faith-Based Organization

### Section 1: Provider Identification

**Name of Entity :** Executive Learning Systems, LLC, d/b/a ExamExperts

**Name of Director :** Mark J. Mayberry, JD, BBA

**Address** 1243 Washington Blvd **City** Detroit **State** MI **Zip** 48226

**Phone:** 313 -557-0016 **Fax:** 313-557-0018 **Email :** mmayb58229@aol.com

**Proposed Location of Services** (if different from above):

**Address:** Same **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

If different from Director:

**Name of Contact Person :** Same

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

### Section 2: Provider Geographic Service Area Information

#### 1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes : X No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

\_\_\_\_\_  
\_\_\_\_\_

#### 2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 1243 Washington Blvd., Detroit, MI 48226

Site Location #2: Participating School attended by student or students throughout Michigan

Site Location #3: Hopc United Methodist Church, 26275 Northwestern Hwy., Southfield,

**3. Transportation** – Provide information about accessibility to public transportation from your site:Detroit Location: Public transportation is available one block from the Learning Center.Southfield Location: Public transportation is available two blocks from the site.**4. Indicate if you are willing to provide services to eligible students at the school site:**Yes: X No ☐**Section 3: Provider Academic/Instructional Program Information****1. Subject Areas Covered** – List all subject areas you address in working with students:English/Language Arts (including vocabulary training), Reading Comprehension, Writing (Basic and Advanced), Mathematics (including General math, Pre-Algebra and Algebra, Plane and Coordinate Geometry, Trigonometry, Calculus; Science (including Biology, Chemistry, and Physics); Ages 6 to adult**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: 6 yrs old to Adult**3. Time of Services** – Indicate when you deliver services to students:N Before School Y After School Y Weekends Y Summer ☐ Other \_\_\_\_\_**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:X Individual Tutoring X Small Group Instruction X Large Group Instruction  
X Online Web-Based ☐ Other \_\_\_\_\_**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:Length of Session 1 hour to 2 hours Number of Sessions per Week 1 to 3 session  
( Depending upon the needs assessment and student availability)**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:X Certified Teachers X Paraprofessionals ☐ Volunteers X Other Doctoral and Masters Degree Professionals**7. Special Populations Served** – Indicate special populations you are able to serve:X Special Education X Limited English Proficient ☐ Other \_\_\_\_\_**Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

X \$ 70.00 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.